

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES  
OFFICE OF MENTAL RETARDATION

**FAX COVER FOR ANY SUBMISSION EFFECTING A WAITING LIST CHANGE**

To: Marilyn Tarleton  
(540) 857-6109 (fax)  
(540) 857-6670 (phone)

**CSB**

**Date**

**CSB Contact**

**Phone**

**Individual's Name**

**Fax**

**WAITING LIST SUBMISSION**

☐ 1. Request to add individual to waiting list (please indicate status)

Please verify that the following documentation is included in this request:

☐ Signed Recipient Choice form (*Documentation of Recipient Choice Between Institutional Care or Home and Community-Based Services*)

☐ MR Waiver Enrollment Request Form (rev. 1/29/02, includes LOF results)

**STATUS (REQUIRED):**

☐ Urgent ☐ Non-Urgent

*If urgent, the individual meets the urgent criteria in the categories checked below:*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6a ☐ 6b

☐ 2. Request to change status of individual on waiting list (please indicate status)

☐ 3. Request to remove individual from waiting list

Indicate the reason for the change or removal, and the effective date, below:

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